

**School of Mass Communications
Request Form**

Date submitted: _____

Requested by: _____ **Phone** _____ **Email** _____

Date needed: _____ **Time:** _____ **am/pm**

Service requested:

Faxing

Confirmation sheet: **Yes** **No**

Copying

Quantity: _____

Check appropriate box(es):

Collate **Staple** **Three-hole punch** **1-sided**

2-sided

Special instructions

PLEASE NOTE: For copy requests, due to the possibility of a high volume of requests, please allow at least a 4-hour notice for turnaround.

Completed by: _____ **Date:** _____ **Time:** _____ **am/pm**